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| Fill in this information to identify your case: | |
|---|---|
| United States Bankruptcy Court for the: Northern District of: Illinois | |
| (State) Case number (if known) | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Identify Yourself | | |
|----|---|----------------------------|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | Daryn | |
| | | First name | First name |
| | Write the name that is on your government-issued | L. | |
| | picture identification (for | Middle name | Middle name |
| | example, your driver's license or passport | Johnson Last name | Last name |
| | D. Anna and Anna | Last Hairie | Last Harrie |
| | Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you | | |
| | have used in the last | First name | First name |
| | 8 years Include your married or maiden names. | | |
| | | Middle name | Middle name |
| | | Last name | Last name |
| | | Last Harrio | Last Harie |
| | | First name | First name |
| | | | |
| | | Middle name | Middle name |
| | | Last name | Last name |
| 3. | Only the last 4 digits of your Social | XXX - XX | xxx - xx- |
| | Security number or | OR | OR |
| | federal Individual Taxpayer | 9 xx - xx- | 9 xx - xx- |
| | Identification number (ITIN) | | |

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| Debtor 1 Daryn | L. Johnson | Case number (if known) |
|---|---|--|
| First Name | Middle Name Last Name | |
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| Any business names and Employer Identification | ✓ I have not used any business names or EINs. | I have not used any business names or EINs. |
| Numbers (EIN) you have used in the last | Business name | Business name |
| 8 years | Business name | Business name |
| Include trade names and doing business as names | EIN | EIN |
| | EIN | EIN |
| 5. Where you live | | If Debtor 2 lives at a different address: |
| | 2153 119th St Apt 1 Number Street | Number Street |
| | Blue Island Illinois 60406 | |
| | City State Zip Code | City State Zip Code |
| | Cook County | County |
| | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | Number Street | Number Street |
| | City State Zip Code | |
| | City State Zip Code | City State Zip Code |
| 6. Why you are choosing this district | Check one: | Check one: |
| to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) |
| | | |
| | | |
| | | |
| | | |
| | | |

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| Debtor 1 Daryn | L. | Johnson | | Case number (if kno | own) | |
|---|--|--|--|---|--|--|
| First Name | Middle Nam | | | | | |
| Part 2: Tell the Court A | About Your Bankrup | otcy Case | | | | |
| 7. The chapter of the Bankruptcy Code you are choosing to file under | | a brief description of each, see n B2010)). Also, go to the top o | | | | ndividuals Filing for |
| 8. How you will pay the fee | more details cashier's che may pay with I need to pay Individuals to judge may, be the official poyou choose to | e entire fee when I file my about how you may pay. The common of the com | ypically, if you rattorney is a pre-printed from the stallments (Commay request a your fee, an our family signs the Application. | ou are paying the submitting you address. This option, significial Form 103 this option only id may do so on ize and you are to | e fee yourself, r payment on gon and attach to BA). If you are filing the file of the pay to | you may pay with cash, your behalf, your attorney the Application for ag for Chapter 7. By law, a me is less than 150% of the fee in installments). If |
| 9. Have you filed for bankruptcy within the last 8 years? | No. Yes. District District District | Northern District of Illinois Northern District of Illinois | When When When | 2/27/2014 MM / DD / YYYY 7/28/2016 MM / DD / YYYY | Case number Case number Case number | 14-06573 16-bk-24278 |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Yes. Debtor | | When When | MM / DD / YYYY | Relationship to Case number, Relationship to Case number, | you |
| 11. Do you rent your residence? | No. | e 12. r landlord obtained an eviction Go to line 12. Fill out <i>Initial Statement About</i> this bankruptcy petition. | | | | |

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| Del | btor 1 Daryn | | L. | | Johnson | Case num | ber (if known) | |
|---|--|--------------|---|---------------------------|------------------|----------------------|-------------------|---|
| | First Name | | | | ast Name | | | |
| Par | t 3: Report About Any | Busir | nesses | s You Own as a Sole | Proprietor | | | |
| | Are you a sole proprietor of any full- | ✓ | No. | Go to Part 4. | | | | |
| | or part-time business? | | Yes. | Name and location of | business | | | |
| | A sole proprietorship is a business you | | | Name of business, if a | ny | | | |
| | operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | Number | Street | | | |
| | If you have more than one sole | | | City | | State | Zip Code | |
| | proprietorship, use a separate sheet and | | | Check the appropria | ate box to desc | eribe your business: | | |
| | | | | | usiness (as defi | ned in 11 U.S.C. § 1 | 01(27A)) | |
| petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) | | | | | | | | |
| Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | | | | | | |
| Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | | | | | | |
| | | | | None of the ab | oove | | | |
| | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). | appi shee | ropriate tt, state t, follow No. | 2 | | | | n your most recent balance of these documents do not to the definition in the |
| Par | t 4: Report if You Owr | n or H | ave A | ny Hazardous Prope | erty or Any Pr | operty That Need | s Immediate Atten | tion |
| 14. | Do you own or have | | | | | | | |
| | any property that poses or is alleged to | | No. Yes. | What is the hazard? | | | | |
| | pose a threat of imminent and | | | If immediate attention is | needed, why is | it needed? | | |
| identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | | | | | | | |
| | | | | Where is the property? | Number | Street | | |
| | | | | | | Street | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | | City | • | State | Zip Code |

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Debtor 1 Daryn L. Johnson Case number (if known)
First Name Middle Name Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan. Attach a copy of the certificate and the payment plan. The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you are not eligible to file. I certify that I asked for credit counseling services I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to ☐ Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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| Debtor 1 Daryn | L. | Johnson | Case number (if known) | | |
|---|--|--|--|---|--|
| Part 6: Answer These Que | Middle Name estions for Reporting F | Last Name Purposes | | | |
| 16. What kind of debts do you have? | 16a. Are your debts princurred by an in No. Go to lin ✓ Yes. Go to lir 16b. Are your debts promoney for a busi ☐ No. Go to lin ☐ Yes. Go to lir | primarily consumer debts' ndividual primarily for a per e 16b. ne 17. primarily business debts? ness or investment or through | sonal, family, or househo Business debts are debts ugh the operation of the b | that you incurred to obtain ousiness or investment. | |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Yes. I am filing unde expenses are p | inder Chapter 7. Go to line 18. er Chapter 7. Do you estimate paid that funds will be availabl | that after any exempt prope | erty is excluded and administrative creditors? | |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | ☐ 1,000-5 ☐ 5,001-1 ☐ 10,001- | 0,000 | 25,001-50,000 50,001-100,000 More than 100,000 | |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,00 \$500,001-\$1 millio | 0 | 001-\$10 million 0,001-\$50 million 0,001-\$100 million 00,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | |
| 20. How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,00 \$500,001-\$1 millio | 0 | 001-\$10 million 0,001-\$50 million 0,001-\$100 million 00,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | |
| Part 7: Sign Below | | | | | |
| For you | correct. If I have chosen to file of title 11, United State under Chapter 7. If no attorney represen out this document, I have | under Chapter 7, I am awar es Code. I understand the r ats me and I did not pay or a ave obtained and read the r | e that I may proceed, if elielief available under each agree to pay someone who notice required by 11 U.S. | | |
| | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | | |
| | /s/ Daryn Johnson Signature of Debtor | | Signature of De | btor 2 | |
| | Executed on 9 | 0/27/2017 MM / DD / YYYY | Executed on | MM / DD / YYYY | |

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| Debtor 1 Daryn | L. | Johnson | Case number (| if known) | | | | |
|--|--|-------------------------|-----------------------------|--|--|--|--|--|
| First Name | Middle Name | Last Name | | | | | | |
| For your attorney, if you are represented by one | eligibility to proceed une | der Chapter 7, 11, 12 | 2, or 13 of title 11, Unite | have informed the debtor(s) about ed States Code, and have explained the also certify that I have delivered to the | | | | |
| If you are not | debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I | | | | | | | |
| represented by an | have no knowledge afte | r an inquiry that the i | information in the sche | dules filed with the petition is incorrect. | | | | |
| attorney, you do not | 4.0 | | | | | | | |
| need to file this page. | /s/ Alexander Prebe | r | Date | 9/27/2017 | | | | |
| | Signature of Attorney | for Debtor | | MM / DD / YYYY | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Alexander Preber | | | | | | | |
| | Printed name | | | | | | | |
| | Semrad Law Firm | | | | | | | |
| | Firm name | | | | | | | |
| | 11101 S. Western Ave | enue | | | | | | |
| | Street | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Chicago | | Illinois | 60643 | | | | |
| | City | | State | Zip Code | | | | |
| | | | | | | | | |
| | Contact phone | 3122374979 | Email address | apreber@semradlaw.com | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Bar number | | State | r | | | | |

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| Fill in this infor | mation to identify your c | ase: | |
|---------------------------|---------------------------|-------------|----------------------|
| Debtor 1 | Daryn | L. | Johnson |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| Jnited States E | Sankruptcy Court for the: | Northern | District of Illinois |
| | | | (State) |
| Case number (If known) | | | |

| П | Check if this is an |
|---|---------------------|
| | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets | |
|--|---|
| | Your assets Value of what you own |
| . Schedule A/B: Property (Official Form 106A/B) | \$0.00 |
| 1a. Copy line 55, Total real estate, from Schedule A/B | |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$2,143.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$2,143.00 |
| art 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$0.00 |
| . Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$11,386.85 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$48,620.67 |
| Your total liabilities | \$60,007.52 |
| Part 3: Summarize Your Income and Expenses | |
| . Schedule I: Your Income (Official Form 106I) | |
| Copy your combined monthly income from line 12 of Schedule I | \$3,227.42 |
| | |

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| Debt | or 1 Daryn | L. | Johnson | Case number (if known) | | | | |
|---------------|---|---|--|----------------------------|------------|--|--|--|
| Part 4 | First Name Answer These Que | Middle Name | Last Name tive and Statistical Recor | rds | | | | |
| 6. A i | 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. | | | | | | | |
| 7. W | 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, | | | | | | | |
| | family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. | | | | | | | |
| | | ur Current Monthly Incom Form 122B Line 11; OR, Fo | ne: Copy your total current mor orm 122C-1 Line 14. | nthly income from Official | \$1,701.06 | | | |
| 9. | Copy the following speci | al categories of claims fro | om Part 4, line 6 of Schedule | E/F: | | | | |
| | From Part 4 on Schedule | E/F, copy the following: | Total claim | | | | | |
| | 9a. Domestic support obliç | gations (Copy line 6a.) | | \$7,292.85 | | | | |
| | 9b. Taxes and certain othe | r debts you owe the govern | ment. (Copy line 6b.) | \$4,094.00 | | | | |
| | 9c. Claims for death or per | sonal injury while you were | intoxicated. (Copy line 6c.) | \$0.00 | | | | |
| | 9d. Student loans. (Copy li | ne 6f.) | | \$0.00 | <u> </u> | | | |
| | 9e. Obligations arising out priority claims. (Copy line 6 | | or divorce that you did not repo | ort as \$0.00 | | | | |
| | 9f. Debts to pension or pro | ofit-sharing plans, and other | similar debts. (Copy line 6h.) | \$0.00 | | | | |

\$11,386.85

9g. Total. Add lines 9a through 9f.

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| Fill in this | information to identit | y your case: | | | | |
|--|--|---|---|--|---|--|
| Dalata u 1 | D | | lahassa | | | |
| Debtor 1 | Daryn First Name | L. Middle N | Johnson Last Name | | | |
| Debtor 2 | T HOL HAMIO | Wilddio I | Last Hame | | | |
| (Spouse, if fil | ing) First Name | Middle N | lame Last Name | | | |
| United Sta | tes Bankruptcy Court | for the: Northern | District of Illinois (State) | | | |
| Case num (If known) | ber | | | | | |
| Officia | I Form 106A | /B | | | Check if this is an amended filing | |
| Sched | dule A/B: P | roperty | | | 12/1 | |
| category w responsibl write your | where you think it fit e for supplying corre name and case nun | s best. Be as complete a ect information. If more s nber (if known). Answer e | st an asset only once. If an asset fits in more nd accurate as possible. If two married peop pace is needed, attach a separate sheet to be very question. | ole are filing together, both a this form. On the top of any a | are equally | |
| | | _ | | | | |
| | No. Go to Part 2 | gai or equitable interest | n any residence, building, land, or similar pr | operty? | | |
| ✓ | | | | | | |
| | Yes. Where is the pro | perty? | | | | |
| | | | What is the property? Check all that apply. | | claims or exemptions. Put | |
| 1.1 | Street address, if available, or other description | | Single-family home | the amount of any secured claims on Schedule and Creditors Who Have Claims Secured by Property | | |
| | onoot addrood, ii ava | iable, or other accompliant | Duplex or multi-unit building | | | |
| | | | Condominium or cooperative | Current value of the entire property? | Current value of the portion you own? | |
| | | | Manufactured or mobile home | | | |
| | Number Street | | Land | Describe the matrix | | |
| | Number Street | | Investment property | Describe the nature of interest (such as fee s | | |
| | City St | ate Zip Code | Timeshare Other | the entireties, or a life | | |
| | City St | ate Zip Code | | Observation of the second | | |
| | | | Who has an interest in the property? Check | | ommunity property | |
| | | | one. | П | | |
| | | | Debtor 1 only | _ | | |
| | | | Debtor 2 only | | | |
| | | | Debtor 1 and Debtor 2 only | | | |
| | | | At least one of the debtors and another | | | |
| | | | Other information you wish to add about the | nis item, such as local | | |
| | | | property identification number: | | | |
| If you | own or have more tha | an one, list here: | | | | |
| 1.0 | | | What is the property? Check all that apply. | | claims or exemptions. Put ured claims on <i>Schedule D:</i> | |
| 1.2 | Street address, if avail | lable, or other description | Single-family home | | aims Secured by Property. | |
| | | | Duplex or multi-unit building | Current value of the | Current value of the | |
| | | | Condominium or cooperative | entire property? | portion you own? | |
| | | | Manufactured or mobile home | | | |
| | Number Street | | Land | Describe the nature of | of your ownership | |
| | | | Investment property | interest (such as fee s | simple, tenancy by | |
| | City St | ate Zip Code | Timeshare Other | the entireties, or a life | e estate), if known. | |
| | | | | Check if this is co | ommunity property | |
| | | | Who has an interest in the property? Check | | | |
| | | | one. | \sqcup | | |
| | | | Debtor 1 only | | | |
| | | | Debtor 2 only | | | |
| | | | Debtor 1 and Debtor 2 only | | | |
| | | | At least one of the debtors and another | | | |
| | | | Other information you wish to add about the property identification number: | nis item, such as local | | |

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| Debtor 1 | Daryn First Name | L. Middle Name | Johnson Case nu | ımber (if known) | |
|-------------|--|-------------------|---|---|---|
| 1.3 | eet address, if available, or othe | er description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | the amount of any secu | claims or exemptions. Put used claims on Schedule D: lims Secured by Property. Current value of the portion you own? |
| Nui | mber Street | Zip Code | Land Investment property Timeshare Other | Describe the nature of interest (such as fee stee the entireties, or a life | simple, tenancy by |
| | | | Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this if | e. (see instructions) | ommunity property |
| 2. Add | I the dollar value of the porti | on you own for | property identification number:all of your entries from Part 1, including any en | | |
| you ha | ave attached for Part 1. Writ | | | | |
| Do you ov | | • | st in any vehicles, whether they are registered and also report it on Schedule G: Executory Contracts | | |
| 3. Cars, va | | y vehicles, moto | rcycles | | |
| 3.1 | Model: Year: | | Who has an interest in the property? Checone. Debtor 1 only | the amount of any sec | claims or exemptions. Put ured claims on <i>Schedule D:</i> laims Secured by Property. |
| | Approximate mileage: Other information: | | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of the entire property? | Current value of the portion you own? |
| | | | Check if this is community property (see instructions) | ee | |
| 3.2 | | | Who has an interest in the property? Chec | k Do not deduct secured | |
| | Make Model: Year: Approximate mileage: | | one. Debtor 1 only | the amount of any sec | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property. |

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| | Daryn First Name | L. Middle Name | Johnson Last Name | Case numbe | el (II KNOWI) | |
|------|---|-------------------|--|--|---|--|
| 3.3 | Make Model: Year: Approximate mileage: Other information: | | Who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor | nly s and another | the amount of any secu | claims or exemptions. Pured claims on Schedule nims Secured by Property Current value of the portion you own? |
| 3.4 | Make Model: Year: | | who has an interest in the pone. Debtor 1 only | | the amount of any secu | claims or exemptions. Poured claims on Schedule nims Secured by Property |
| | Approximate mileage: Other information: | | Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors | - | Current value of the entire property? | Current value of the portion you own? |
| | | • | er recreational vehicles, other | • | | |
| Exar | nples: Boats, trailers, motor No Yes Make | • | , fishing vessels, snowmobiles, r | motorcycle accessori | Do not deduct secured | claims or exemptions. P |
| Exar | nples: Boats, trailers, motor No Yes | • | , fishing vessels, snowmobiles, r | motorcycle accessori property? Check | Do not deduct secured the amount of any secu | claims or exemptions. Prized claims on <i>Schedule</i> nims Secured by Property Current value of the portion you own? |
| 4.1 | nples: Boats, trailers, motor No Yes Make Model: Year: Approximate mileage: | • | who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on | property? Check Ily s and another hity property (see | Do not deduct secured the amount of any secu Creditors Who Have Clas Current value of the entire property? Do not deduct secured the amount of any secu | red claims on Schedule nims Secured by Property Current value of the |

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| De | ebtor 1 | | L. | Johnson | Case number (if known) | |
|--------------|-------------------------|-----------------------------------|--|---------------------------------|----------------------------------|---|
| | | First Name | Middle Name | Last Name | | |
| Pa | rt 3: | Describe Y | our Personal and Household | Items | | |
| D | o you | own or hav | e any legal or equitable intere | est in any of the followin | g items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | | | and furnishings liances, furniture, linens, china, kitch | enware | | |
| V | | Describe | Used Household Goods | | | \$450.00 |
| | | tronics bles: Televisions | s and radios; audio, video, stereo, an | d digital equipment; compute | ers, printers, scanners; music | |
| ✓ | Yes. I | Describe | Used Electronics | | | \$650.00 |
| | | • | ue ind figurines; paintings, prints, or oth in, or baseball card collections; other | | • • | |
| ✓ | No Yes. I | Describe | | | | |
| _ | | | | | | |
| | | oles: Sports, ph | rts and hobbies otographic, exercise, and other hobl s; carpentry tools; musical instrumer | | tables, golf clubs, skis; canoes | |
| ✓ | No | | | | | |
| | Yes. I | Describe | | | | |
| | 0. Fire Examp | | es, shotguns, ammunition, and relat | ed equipment | | |
| ✓ | No | | | | | |
| | Yes. I | Describe | | | | |
| | - | | clothes, furs, leather coats, designer | wear, shoes, accessories | | |
| Щ | No V I | Dan avilla a | | | | 1 |
| ⊻ | res. i | Describe | Used Clothing | | | \$1000.00 |
| | | - | ewelry, costume jewelry, engagemer r | at rings, wedding rings, heirlo | om jewelry, watches, gems, | |
| ⊻ | No | | | | | |
| Ц | Yes. I | Describe | | | | |
| | Examp | n-farm animal bles: Dogs, cats | | | | |
| ✓ | No | . | | | | 1 |
| | Yes. I | Describe | | | | |
| | - | other person | al and household items you did n | ot already list, including an | ny health aids you did not list | |
| $oxed{oxed}$ | No Vac I | Dan author | | | | 1 |
| Ш | res. I | Describe | | | | |
| | | | lue of all of your entries from Partnumber here | | | \$2100.00 |

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| Debt | or 1 Daryn First Name | L. Middle Name | Johnson Last Name | Case number (if known) | |
|--------------|--|--|-------------------------|---|---|
| Part 4 | | Financial Assets | Last Name | | |
| | | y legal or equitable interest | in any of the following | ng? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. C | xamples: Money you ha | ve in your wallet, in your home, in | · | on hand when you file your petition Cash: | \$20.00 |
| 17. | | avings, or other financial accounts astitutions. If you have multiple acc | | nares in credit unions, brokerage houses, itution, list each. | |
| | ✓ Yes | | Institution name: | | |
| | | 17.1. Checking account: | us bank | | \$23.00 |
| | | 17.2. Checking account: | | | |
| | | 17.3. Savings account: | | | |
| | | 17.4. Savings account: | | | |
| | | 17.5. Certificates of deposit: | | | |
| | | 17.6. Other financial account: | | | |
| | | 17.7. Other financial account: | | | |
| | | 17.8. Other financial account: | | | |
| | | 17.9. Other financial account: | | | |
| 18. | Examples: Bond funds | or publicly traded stocks , investment accounts with broker | age firms, money market | accounts | |
| | ✓ No Yes | Institution or issuer name: | | | |
| | | | | | |
| | | | | | |
| 19. | Non-publicly traded s an LLC, partnership, a | | ted and unincorporated | l businesses, including an interest in | |
| | Yes. Give specific information about them | Name of entity | | % of ownership: | |
| | | - | | | - |

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| Deb ⁻ | | Daryn | L. | Johnson | Case number (if known) | |
|------------------|---------------------|-----------------------|---|-------------------------------|---|--|
| | | First Name | Middle Name | Last Name | | |
| 20. | Nege Non | otiable instruments i | prate bonds and other negotial nclude personal checks, cashiers' ents are those you cannot transfer Issuer name: | checks, promissory notes | , and money orders. | |
| | | | | | | |
| | | | _ | | | |
| | | | | | | |
| 21. | | irement or pension | | thrift savings accounts o | r other pension or profit-sharing plans | |
| | | No No | , Line, (100gii, 101(i), 100(b) | , timit ouvings accounts, s | outer periode of profit offaring plane | |
| | Ħ | Yes. List each | Type of account: | Institution name: | | |
| | | account | 401(k) or similar plan: | | | |
| | | separately. | Pension plan: | | | |
| | | | · | | | |
| | | | IRA: | | | |
| | | | Retirement account: | | | |
| | | | Keogh: | | | |
| | | | Additional account: | | | |
| | | | Additional account: | | | |
| 22. | Your Exar com | | prepayments deposits you have made so that with landlords, prepaid rent, public | | | |
| | | Yes | Electric: | | | |
| | | | Gas: | | | |
| | | | Heating oil: | | | |
| | | | Security deposit on rental unit: | | | |
| | | | Prepaid rent: | | | |
| | | | Telephone: | | | |
| | | | Water: | | | |
| | | | Rented furniture: | | | |
| | | | Other: | | | |
| 23. | Ann | uities (A contract fo | r a periodic payment of money to | vou, either for life or for a | number of years) | |
| | | No | | , , | | |
| | | Yes | Issuer name and description: | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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| Debto | r 1 Daryn | L. | | Johnson | Case number (if known) | |
|-------|--|---|-------------------|-------------------------------|---|---|
| 24. | First Name | | e Name | Last Name | r under a qualified state tuition program. | |
| | | 530(b)(1), 529A(b), and 52 | - | ou /LDLL program, o | and a quanto state tartion program | |
| | ✓ No | Institution name and dose | ription Soporato | ly file the records of any i | nterests.11 U.S.C. § 521(c): | |
| | Yes | msitution name and desc | ription. Separate | ly lile the records of any i | meresis.11 0.3.0. § 321(c). | |
| | | | | | | |
| | | | | | | |
| 25. | Tructo oquita | able or future interests in | nronorty (otho | r than anything listed i | n line 1) and rights or newers | |
| 25. | | or your benefit | property (othe | i tilali aliytiliig listeu i | n line 1), and rights or powers | |
| | ✓ No | | | | | |
| | Yes. Desc | ribe | | | | |
| | | | | | | |
| 26. | | yrights, trademarks, trad ernet domain names, websi | | | | |
| | No No | , | , | | , -g | |
| | Yes. Desc | ribe | | | | |
| | _ | | | | | |
| 27. | | nchises, and other genera | - | | | |
| | | lding permits, exclusive lice | nses, cooperativ | ve association holdings, li | quor licenses, professional licenses | |
| | ✓ No Yes. Desc | rihe | | | | |
| | 103. D030 | | | | | |
| | | | | | | |
| Mon | | the award to you? | | | | Current value of the |
| Mon | ey or proper | ty owed to you? | | | | Current value of the portion you own? |
| Mon | ey or proper | ty owed to you? | | | | portion you own? Do not deduct secured |
| | ey or proper | | | | | portion you own? |
| | | | | | | portion you own? Do not deduct secured |
| | Tax refunds ov ✓ No Yes. Give s | wed to you specific information | | | Federal: | portion you own? Do not deduct secured |
| | Tax refunds ov ✓ No — Yes. Give s abou you a | wed to you specific information t them, including whether already filed the returns | | | Federal: State: | portion you own? Do not deduct secured claims or exemptions. |
| | Tax refunds ov ✓ No — Yes. Give s abou you a | wed to you specific information t them, including whether | | | | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds ov No Yes. Give s abou you a and t | specific information t them, including whether already filed the returns he tax years | spousal suppo | rt, child support, mainten | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds ov No Yes. Give s abou you a and t Family suppor Examples: Past | specific information t them, including whether already filed the returns he tax years | , spousal suppo | rt, child support, mainter | State: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds ov ✓ No Yes. Give s abou you a and t Family suppor Examples: Past | wed to you specific information t them, including whether already filed the returns he tax years t due or lump sum alimony, | , spousal suppo | rt, child support, mainter | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds ov ✓ No Yes. Give s abou you a and t Family suppor Examples: Past | specific information t them, including whether already filed the returns he tax years | , spousal suppo | rt, child support, mainter | State: Local: ance, divorce settlement, property settlemen | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds ov ✓ No Yes. Give s abou you a and t Family suppor Examples: Past | wed to you specific information t them, including whether already filed the returns he tax years t due or lump sum alimony, | , spousal suppo | rt, child support, mainter | State: Local: ance, divorce settlement, property settlement Alimony: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t |
| 28. | Tax refunds ov ✓ No Yes. Give s abou you a and t Family suppor Examples: Past | wed to you specific information t them, including whether already filed the returns he tax years t due or lump sum alimony, | , spousal suppo | rt, child support, mainter | State: Local: ance, divorce settlement, property settlement Alimony: Maintenance: Support: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds ov ✓ No Yes. Give s abou you a and t Family suppor Examples: Past | wed to you specific information t them, including whether already filed the returns he tax years t due or lump sum alimony, | , spousal suppo | rt, child support, mainter | State: Local: ance, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. | No Yes. Give s abou you a and t Family suppor Examples: Past ✓ No Yes. Give s | specific information t them, including whether already filed the returns the tax years t due or lump sum alimony, specific information | , spousal suppo | rt, child support, mainter | State: Local: ance, divorce settlement, property settlement Alimony: Maintenance: Support: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds ov ✓ No Yes. Give s abou you a and t Family suppor Examples: Past ✓ No Yes. Give s Other amount Examples: Unp | specific information t them, including whether already filed the returns he tax years t due or lump sum alimony, specific information | nce payments, c | lisability benefits, sick pay | State: Local: ance, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | No Yes. Give s abou you a and t Family suppor Examples: Past No Yes. Give s Other amount Examples: Unp | specific information t them, including whether already filed the returns he tax years t due or lump sum alimony, specific information | nce payments, c | lisability benefits, sick pay | State: Local: ance, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds ov ✓ No Yes. Give s abou you a and t Family suppor Examples: Past ✓ No Yes. Give s Other amount Examples: Unp | specific information t them, including whether already filed the returns he tax years t due or lump sum alimony, specific information s someone owes you aid wages, disability insurar ial Security benefits; unpaid | nce payments, c | lisability benefits, sick pay | State: Local: ance, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | No Yes. Give s abou you a and t Family suppor Examples: Past No Yes. Give s No No No No No No | specific information t them, including whether already filed the returns he tax years t due or lump sum alimony, specific information s someone owes you aid wages, disability insurar ial Security benefits; unpaid | nce payments, c | lisability benefits, sick pay | State: Local: ance, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb | tor 1 Daryn | L. | Johnson | Case number (if known) | |
|------|--|-----------------------------|--|---|---|
| | First Name | Middle Name | Last Name | | |
| 31. | Interests in insurance p Examples: Health, disabili | | h savings account (HSA); credit, h | nomeowner's, or renter's insurance | |
| | Yes. Name the insura of each policy and lis | nce company | Company name: | Beneficiary: | Surrender or refund value: |
| 32. | Any interest in property If you are the beneficiary of property because someon | of a living trust, expect p | | y, or are currently entitled to receive | _ |
| | No Yes. Describe | | | | |
| 33. | | | ou have filed a lawsuit or made ance claims, or rights to sue | a demand for payment | |
| | Yes. Describe | | | | |
| 34. | Other contingent and u | nliquidated claims of e | very nature, including counter | claims of the debtor and rights | |
| | No Yes. Describe | | | | |
| 35. | Any financial assets you | u did not already list | | | |
| | No Yes. Describe | | | | |
| 36. | | • | Part 4, including any entries fo | | \$43.00 |
| Part | 5: Describe Any Bus | siness-Related Prop | erty You Own or Have an I | nterest In. List any real estate in Pa | rt 1. |
| 37. | | | erest in any business-related pr | | |
| | No. Go to Part 6. Yes. Go to line 38. | | , , , , , , , , , , , , , , , , , , , | | Current value of the portion you own? Do not deduct secured claims |
| 38. | Accounts receivable or | commissions you alrea | ady earned | | or exemptions |
| | No Yes. Describe | | | | |
| 39. | | | modems, printers, copiers, fax ma | achines, rugs, telephones, desks, chairs, ele | ctronic devices |
| | Ves. Describe | | | | |
| | | | | | |

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| Deb | tor 1 Daryn | L. | Johnson | Case number (if known) | |
|----------|-------------------------|-----------------------------------|---------------------------------------|--------------------------------|--|
| | First Name | Middle Name | Last Name | | |
| 40. | Machinery, fixtures, e | equipment, supplies you | use in business, and tools of you | r trade | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | _ | | | | |
| | | | | | |
| 41. | Inventory | | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | _ | | | | |
| 40 | Interests in partnersh | ing or joint ventures | | | |
| 42. | | iips or joint ventures | | | |
| | ✓ No | | Name of entity: | % of ownership: | |
| | Yes. Give specific | | Traine or entity. | , or own ording. | |
| | information about them | | | | <u>-</u> |
| | urom | | | | |
| | | | | | <u> </u> |
| 12 | Customor lists mailing | lists, or other compilat | ione | | - |
| 45. | | insis, or other compliat | ions | | |
| | ✓ No | | | | |
| | Yes. Do your lists i | nclude personally identifial | ole information (as defined in 11 U.S | S.C. § 101(41A))? | |
| | ☐ No | | | | |
| | Yes. Desc | ribe | | | |
| | | | | | |
| 44. | Any business-related | property you did not alr | eady list | | |
| | ✓ No | | | | |
| | Yes. Give specific | | | | |
| | information | | | | |
| | | | | | |
| | | | | | _ |
| | | | | | <u> </u> |
| | | | | | |
| | | | | | _ |
| | | | | | |
| | | | | | |
| | | | art 5, including any entries for p | | |
| • | art 5. Write that humbe | 51 Here | | | |
| Part | Describe Any F | arm- and Commercia | al Fishing-Related Property | ou Own or Have an Interest In. | |
| | If you own or have ar | n interest in farmland, list it i | n Part 1. | | |
| 46. | Do you own or have a | ny legal or equitable int | erest in any farm- or commercia | I fishing-related property? | |
| | No. Go to Part 7. | | | | Current value of the |
| | Yes. Go to line 47. | | | | portion you own? Do not deduct secured claims |
| | | • | | | or exemptions |
| 47. | Farm animals | | | | |
| | Examples: Livestock, p | oultry, farm-raised fish | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| | | · | | | |

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| Debt | or 1 Daryn | L. | Johnson | Case number (if known) | |
|--------------|----------------------------|--|--------------------------|--------------------------------------|-------------|
| | First Name | Middle Name | Last Name | | |
| 48. | Crops-either growing o | r harvested | | | |
| | No No | | | | |
| | Yes. Describe | | | | |
| | Tes. Describe | | | | |
| | | | | | |
| 49. | Farm and fishing equip | ment, implements, machinery, fix | ures, and tools of trade | • | |
| | _ | , , , | , | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| | F | | | | |
| 50. | Farm and fishing suppli | es, chemicals, and feed | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| | | | | | |
| 51. | Any farm- and commer | cial fishing-related property you d | id not already list | | |
| | √ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | of your entries from Part 6, included the control of the control o | | - | |
| • | ire o. write that hamber | | | | |
| | | | | | |
| | | | | | |
| | December All Door | tV | | I NI at I tat Alance | |
| Part 1 | | erty You Own or Have an Inte | | I NOT LIST ADOVE | |
| 53. | | erty of any kind you did not alread , country club membership | ly list? | | |
| | | , country club membersinp | | | |
| | ✓ No | | | | |
| | Yes. Give specific | | | | |
| | information | | | | |
| | | | | | |
| | | | | | |
| 54. A | dd the dollar value of all | of your entries from Part 7. Write | that number here | | . |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part 8 | List the Totals of | Each Part of this Form | | | |
| | | | | | |
| 55. F | Part 1: Total real estate, | line 2 | | > | |
| | | | | | |
| 56. p | art 2 total vehicles, line | 5 | | <u> </u> | |
| 57. P | art 3: Total personal and | household items, line 15 | \$2100.00 | | |
| 58 P | art 4: Total financial ass | ets line 36 | | _ | |
| 00.1 | art ii rotai iiianoiai aoc | , | \$43.00 | <u> </u> | |
| 59. F | Part 5: Total business-re | lated property, line 45 | | | |
| 60. F | Part 6: Total farm- and fi | shing-related property, line 52 | | | |
| 61. F | Part 7: Total other prope | rty not listed, line 54 | | _ | |
| 62 7 | otal nerconal property | Add lines 56 through 61 | | | |
| UZ. I | otai personai property. | Add lines 56 through 61 | \$2143.00 | Conv. november of management and the | + \$2143.00 |
| | | | | Copy personal property total | |
| | | | | | \$2143.00 |
| 1 | | chedule A/B. Add line 55 + line 62 | | | |

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| | | | Docu | ment Page 20 of 8 | 30 | |
|---|--|--|--|---|--|---|
| Filli | n this infor | mation to identify your ca | se: | | | |
| Deb | tor 1 | Daryn | L. | Johnson | | |
| | | First Name | Middle Name | Last Name | | |
| | tor 2 use, if filing) | First Name | Middle Name | Last Name | | |
| Unit | ed States B | ankruptcy Court for the: | Northern [| District of Illinois | | |
| | | | | (State) | | |
| (If kn | e number own) | - | | _ | | |
| Of | ficial | Form 106C | | | | Check if this is are amended filing |
| Sc | hedul | e C: The Prope | erty You Claim a | s Exempt | | 04/16 |
| For state the tax- und your Par | each iten e a specif amount o exempt r er a law t r exempti t1: Iden Which set | ges, write your name are not property you claim fic dollar amount as end any applicable status etirement funds—may that limits the exemption would be limited to the tify the Property You are claiming state and fectare claiming federal exemptions. | and case number (if known and case number (if known as exempt, you must a exempt. Alternatively, you tory limit. Some exempt you be unlimited in dollar as on to a particular dollar of the applicable statutor claim as Exempt Italiaming? Check one only, enderal nonbankruptcy exemplements. 11 U.S.C. § 522(b)(| specify the amount of the eu may claim the full fair mations—such as those for heamount. However, if you clar amount and the value of the amount. If your spouse is filing with you betions. 11 U.S.C. § 522(b)(3) | exemption you on the calth aids, rights aim an exemption property is done. | Page as necessary. On the top of any claim. One way of doing so is to ne property being exempted up to s to receive certain benefits, and on of 100% of fair market value letermined to exceed that amount, |
| | line on Sc | cription of the property a chedule A/B that lists this | the portion you | Amount of the exemption you Check only one box for each e. | | Specific laws that allow exemption |
| | property | | own Copy the value from Schedule A/B | Chock only one sox for each of | tompuon. | |
| | Brief | | 41.000 | | | 735 ILCS 5/12-1001(a) |
| | description Used | ા: Clothing | \$1,000.00 | \$1,000.0 | 0 | |
| | Line from Schedule | | | 100% of fair market valu applicable statutory limit | e, up to any | |
| | Brief | | \$450.00 | | | 735 ILCS 5/12-1001(b) |
| | description Used | n: Household Goods | Ψ+30.00 | \$450.00 | | |
| | Line from Schedule | A/B: 06 | | 100% of fair market valu applicable statutory limit | e, up to any | |
| 3. | - | _ | emption of more than \$160, and every 3 years after that for | ,375? cases filed on or after the date of | adjustment.) | |

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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| Debtor 1 | | | ohnson Case number (if knowl | n) |
|----------|---|---|---|------------------------------------|
| | First Name Midd | dle Name L | ast Name | |
| art 2: | Additional Page | | | |
| line | f description of the property and on Schedule A/B that lists this perty | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
| Line | eription: Used Electronics from | \$650.00 | \$650.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Sche | edule A/B:07 | | арричано зашогу шти | 735 ILCS 5/12-1001(b) |
| desc | oription: Checking account, us bank | \$23.00 | \$23.00 100% of fair market value, up to any | 733 IEGS 3/12-1001(b) |
| | from edule A/B: 17 | | applicable statutory limit | |
| Line | cription: Cash in Hand from edule A/B: 16 | \$20.00 | \$20.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |

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| Fill in this info | rmation to identify your c | ase: | | | | |
|------------------------|----------------------------------|---|---|---|-----------------------------------|------------------------------------|
| Debtor 1 | Daryn | L. | Johnson | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States | Bankruptcy Court for the: | Northern | District of Illinois | | | |
| | | | (State) | | | |
| Case number (If known) | | | | | | |
| Official | Form 106D | | | J | | Check if this is an amended filing |
| Schedi | ule D: Credit | tors Who Hav | ve Claims Secure | ed by Prop | erty | 12/15 |
| more space is | | | e are filing together, both are equ nber the entries, and attach it to t | | | |
| 1. Do any | creditors have claims | secured by your propert | ty? | | | |
| ✓ No. | Check this box and sub | mit this form to the court v | vith your other schedules. You hav | e nothing else to repo | ort on this form. | |
| Yes | . Fill in all of the information | on below. | | | | |
| Part 1: List | t All Secured Claims | | | | | |
| | | | red claim, list the creditor separately | Column A | Column B | Column C |
| | | editor has a particular claim, alphabetical order according | list the other creditors in Part 2. As g to the creditor's name. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports | Unsecured portion |

this claim

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| Fill in t | this inforn | nation to identify your c | case: | | | | | |
|--|---|---|--|---|--|---|---|---|
| Debtoi | r 1 | Daryn | L. | Johnson | | | | |
| Dalata | . 0 | First Name | Middle Name | Last Name | | | | |
| Debtoi (Spouse | r 2 e, if filing) | First Name | Middle Name | Last Name | | | | |
| United | States Ba | ankruptcy Court for the: | Northern | District of Illinois | | | | |
| Case r | number n) | | | (State) | | | | |
| Offic | cial Fo | orm 106E/F | | | • | Chec | k if this is an | amended filing |
| Sch | nedu | le E/F: Cre | editors Who | Have Unsecure | d Claims | | | 12/15 |
| other p Form 1 claims the ent known) | party to a 06A/B) a that are tries in the. List A | ny executory contracts nd on Schedule G: Exe listed in Schedule D: C ne boxes on the left. At All of Your PRIORIT | s or unexpired leases the ecutory Contracts and C Creditors Who Hold Clai | | executory contract G). Do not include a ce is needed, copy | s on Sc <i>hedul</i> iny creditors the Part you | le <i>A/B: Prope</i> with partial u need, fill it | erty (Official ly secured out, number |
| | Yes. | io to r art 2. | | | | | | |
| lis A C | ist all of sted, iden is much a continuation | tify what type of claim it is possible, list the claims on Page of Part 1. If mor | is. If a claim has both pri s in alphabetical order acc re than one creditor holds | s more than one priority unsecured clair ority and nonpriority amounts, list that of cording to the creditor's name. If you had a particular claim, list the other creditor as for this form in the instruction bookle | claim here and show ave more than two pi s in Part 3. | both priority | and nonpriori | ty amounts. |
| | | | | | | Total claim | Priority amount | Nonpriority amount |
| 2.1 | IL Dept o | of Health & Family Serv | | Lost 4 digits of account number | | \$7,292.85 | \$7,292.85 | \$0.00 |
| | | reditor's Name | | Last 4 digits of account number | n/a | <u>· </u> | | |
| | Number | Street | | - | | | | |
| | | | | As of the date you file, the claim is apply. | s: Check all that | | | |
| | Springfiel | ld Illinois | 62794 | Contingent | | | | |
| | City | State | Zip Code | Unliquidated | | | | |
| | | urred the debt? Check of for 1 only | one. | Disputed | | | | |
| | Debt | or 2 only | | Type of PRIORITY unsecured clain | n: | | | |
| | Debt | or 1 and Debtor 2 only | | Domestic support obligations | | | | |
| | _ | ast one of the debtors an | nd another | Taxes and certain other debts yo government | u owe the | | | |
| | Chec | ck if this claim relates | to a community debt | Claims for death or personal inju | ry while you were | | | |
| | Is the cla | aim subject to offset? | | intoxicated Other. Specify | | | | |
| | ✓ No | | | | | | | |
| | Yes | | | | | | | |
| 2.2 | | epartment of Revenue- B reditor's Name | Bankruptcy Section | Last 4 digits of account number _ | | \$994.00 | \$994.00 | \$0.00 |
| | PO Box 6 | 64338 | | When was the debt incurred? | n/a | | | |
| | Number | Street | | As of the date you file, the claim is | s: Check all that | | | |
| | | | | apply. | | | | |
| | Chicago City | Illinois State | 60664 Zip Code | Unliquidated | | | | |
| | , | urred the debt? Check | • | Disputed | | | | |
| | ✓ Debt | or 1 only | | Type of PRIORITY unsecured claim | n: | | | |
| | _ | or 2 only | | Domestic support obligations | | | | |
| | _ | or 1 and Debtor 2 only | | ✓ Taxes and certain other debts yo | u owe the | | | |
| | At lea | ast one of the debtors an | nd another | government | | | | |
| | _ | ck if this claim relates | to a community debt | Claims for death or personal inju intoxicated | ry while you were | | | |
| | | aim subject to offset? | | Other. Specify | | | | |
| | ✓ No Yes | | | | | | | |

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| Debt | or 1 Daryn First Name | L. Middle Name | Johnson Last Name | Case number (if known) | | | |
|------|--|--------------------------|--|-----------------------------|----------------|-----------------|--------------------|
| Part | | | | | | | |
| | After listing any entries on | this page, number them b | peginning with 2.3, fol | lowed by 2.4, and so forth. | Total claim | Priority amount | Nonpriority amount |
| 2.3 | Priority Creditor's Name PO Box 7346 Number Street Philadelphia Pennsy City State Who incurred the debt? Che | Zip Code | Last 4 digits of acc When was the debt As of the date you tapply. Contingent Unliquidated Disputed | | \$3,100.00 | \$3,100.00 | \$0.00 |
| | Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors | s and another | government | | | | |

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Debtor 1 Daryn Johnson Case number (if known) Middle Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. Total claim 4.1 Amita Health: Adventist Medical Center \$1,914.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 5101 Willow Springs Rd Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60525 Illinois La Grange City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **✓** Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other Other. Specify ___ Is the claim subject to offset? Yes Arnold Scott Harris PC 4.2 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 111 W Jackson # 600 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60604 City Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify ____ past due Is the claim subject to offset? **✓** No Yes <u>A</u>T&T 4.3 \$0.00 Last 4 digits of account number _ Nonpriority Creditor's Name When was the debt incurred? PO Box 105262 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 30348 Atlanta Georgia City Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only **✓** Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify _ Notice Only Is the claim subject to offset? **✓** No Offician Yes Schedule E/F: Creditors Who Have Unsecured Claims page 3

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Johnson Debtor 1 Daryn Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 Bank of America \$312.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 982236 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 79998 El Paso City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify _ Other Is the claim subject to offset? **✓** No Yes Car Financial Services \$2,459.61 Last 4 digits of account number _ Nonpriority Creditor's Name 59 Skyline Dr. Ste 1700 When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Lake Mary Florida 32746 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify ___ Automobile Is the claim subject to offset? **✓** No Yes City of Chicago Parking 4.6 \$11,506.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 121 N Lasalle St 107A n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60602 Chicago Illinois Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify parking tickets Is the claim subject to offset? No **✓**

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Johnson Debtor 1 Daryn Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 **COLLECTION PROFESSIONA** \$102.00 Last 4 digits of account number Nonpriority Creditor's Name 509 N LAFAYETTE ST STE 1 When was the debt incurred? 10/2015 As of the date you file, the claim is: Check all that apply. Contingent MACOMB Illinois 61455 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **V** ORIGINAL CREDITOR: MEDICAL **✓** No Other. Specify _ PAYMENT DATA Yes \$1,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 11621 E. Marginal Way # 5 Number As of the date you file, the claim is: Check all that apply. Bankruptcy Dept Contingent Unliquidated Washington 98168 Seattle City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other Other. Specify ____ Is the claim subject to offset? **✓** No Yes CORPORATE AMERICA FCU \$3,911.00 Last 4 digits of account number Nonpriority Creditor's Name 2075 BIG TIMBER RD When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60123 **ELGIN** Zip Code City State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only $\overline{}$ Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify ___ past due Is the claim subject to offset? **✓** No

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Johnson Debtor 1 Daryn Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** CREDIT CONTROL 4.10 \$667.00 Last 4 digits of account number Nonpriority Creditor's Name 5757 PHANTOM DR. SUITE 330 When was the debt incurred? 07/2015 Number As of the date you file, the claim is: Check all that apply. Contingent HAZELWOOD Montana 63042 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? Other. Specify ORIGINAL CREDITOR: MEDICAL Yes 4.11 Credit Control Bankruptcy Department \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 4521 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 63006 Chesterfield Missouri City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify ___ Notice only Is the claim subject to offset? **✓** No Yes Dependon Collection 4.12 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 4983 When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60522 Hinsdale Illinois Zip Code Disputed City State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify __ notice only Is the claim subject to offset? **✓** No

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| ebtor | 1 Daryn L. Johns | | | | | |
|-------|--|---|---------------|--|--|--|
| | First Name Middle Name Last Na | | | | | |
| rt 2: | | | | | | |
| | After listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth. | Total claim | | | |
| 13 | DIVERSIFIED CONSULTA Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 | | | |
| | PO Box 551268 Number Street | When was the debt incurred?n/a | | | | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | | | | |
| | | Contingent | | | | |
| | Jacksonville Florida 32255 | Unliquidated | | | | |
| | City State Zip Code | Disputed | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 2 only | Student loans | | | | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | | | | |
| | 片 | debts | | | | |
| | Light Check if this claim relates to a community debt Is the claim subject to offset? | Other. Specify notice only | | | | |
| | No | | | | | |
| | ☐ Yes | | | | | |
| 4 | Freedman Anselmo & Rappe, L.L.C. | | \$0.00 | | | |
| 4 | Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 | | | |
| | 1771 W Diehl Rd Ste 150 Number Street | When was the debt incurred?n/a | | | | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | | | | |
| | | — Contingent | | | | |
| | Naperville Illinois 60563 | Unliquidated | | | | |
| | City State Zip Code | Disputed | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 2 only | Student loans | | | | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | | | | |
| | 片 | debts | | | | |
| | LI Check if this claim relates to a community debt Is the claim subject to offset? | Other. Specify notice only | | | | |
| | No | | | | | |
| | ☐ Yes | | | | | |
| - | | | ФО ОО | | | |
| 5 | HELVEY & ASSOCIATES Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 | | | |
| | 1015 E CENTER STREET Number Street | When was the debt incurred?n/a | | | | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | | | | |
| | | Contingent | | | | |
| | WARSAW Indiana 46580 | Unliquidated | | | | |
| | City State Zip Code | Disputed | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 2 only | Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar | | | | |
| | Debtor 1 and Debtor 2 only | | | | | |
| | At least one of the debtors and another | | | | | |
| | 片 | debts | | | | |
| | LI Check if this claim relates to a community debt Is the claim subject to offset? | Other. Specify notice only | | | | |
| | No | | | | | |
| | Yes | | | | | |
| | L | | | | | |

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Johnson Debtor 1 Daryn Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 \$181.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 509 S 6TH ST Number As of the date you file, the claim is: Check all that apply. Contingent SPRINGFIELD Illinois 62701 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt ✓ Other. Specify _ InstallmentLoan Is the claim subject to offset? Yes 4.17 Illinois Tollway \$20,000.00 Last 4 digits of account number Nonpriority Creditor's Name 2700 Ogden Ave When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Legal Dept Contingent Unliquidated 60515 Downers Grove Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other Other. Specify ___ Is the claim subject to offset? **✓** No Yes MCSI INC 4.18 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 327 When was the debt incurred? n/a Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated PALOS HEIGHTS 60463 Illinois Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify notice only Is the claim subject to offset? **✓** No Yes

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| Debtor | 1 Daryn L. Johnse First Name Middle Name Last Na | | |
|---------|--|---|-------------|
| | | | |
| Part 2: | Your NONPRIORITY Unsecured Claims - Continuation | on Page | |
| | After listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth. | Total claim |
| 4.19 | MED BUSI BUR | — Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name 1460 RENAISSANCE D SUITE 400 | When was the debt incurred? n/a | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | — Contingent | |
| | | Unliquidated | |
| | PARK RIDGE Illinois 60068 City State Zip Code | Disputed | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| | Check if this claim relates to a community debt | Other. Specify notice only | |
| | Is the claim subject to offset? | | |
| | ✓ No | | |
| | Yes | | |
| 4.20 | MERCHANTS CREDIT GUIDE | Last 4 digits of account number 0864 | \$793.00 |
| | Nonpriority Creditor's Name 223 W JACKSON BLVD STE 7 | When was the debt incurred? 01/2016 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | |
| | CHICAGO Illinois 60606 | | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | <u>'</u> | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts | |
| | Is the claim subject to offset? | 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL | |
| | ✓ No | Other. Specify PAYMENT DATA | |
| | Yes | | |
| 4.21 | MERCHANTS CREDIT GUIDE | — Last 4 digits of account number 0877 | \$771.00 |
| | Nonpriority Creditor's Name 223 W JACKSON BLVD STE 7 | When was the debt incurred? 01/2016 | |
| | Number Street | As of the date year file the claim in Check all that apply | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | |
| | CHICAGO Illinois 60606 | Unliquidated | |
| | City State Zip Code | Disputed | |
| | Who incurred the debt? Check one. Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | <u>'</u> | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts | |
| | Is the claim subject to offset? | 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL | |
| | ✓ No | Other. Specify PAYMENT DATA | |
| | Yes | | |

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Debtor 1 Daryn Johnson Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.22 MERCHANTS CREDIT GUIDE \$163.00 Last 4 digits of account number Nonpriority Creditor's Name 223 W JACKSON BLVD STE 7 When was the debt incurred? 11/2014 As of the date you file, the claim is: Check all that apply. Contingent **CHICAGO** Illinois 60606 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **|** ORIGINAL CREDITOR: MEDICAL **✓** No Other. Specify PAYMENT DATA Yes 4.23 MERCHANTS CREDIT GUIDE \$163.00 Last 4 digits of account number 0633 Nonpriority Creditor's Name 223 W JACKSON BLVD STE 7 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent CHICAGO Illinois 60606 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **✓** ORIGINAL CREDITOR: MEDICAL **✓** No Other. Specify PAYMENT DATA Yes 4.24 Metro South Medical Center \$2,158.06 Last 4 digits of account number Nonpriority Creditor's Name 12935 Gregory St When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Blue Island Illinois 60406 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify _ Other Is the claim subject to offset? **✓** No

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| Debtor | 1 Daryn L. Johns First Name Middle Name Last Name | | | | | |
|---------|---|--|-------------|--|--|--|
| Part 2: | | | | | | |
| | After listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth. | Total claim | | | |
| 4.25 | MILLENIUM CREDIT CON | Last 4 digits of account number | \$0.00 | | | |
| | Nonpriority Creditor's Name | When was the debt incurred? n/a | | | | |
| | 135 THIRD AV SE Number Street | | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | | |
| | | Contingent | | | | |
| | HUTCHINSON Minnesota 55350 | Unliquidated | | | | |
| | City State Zip Code | Disputed | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | |
| | <u>'</u> | Student loans | | | | |
| | Debtor 2 only | Obligations arising out of a separation agreement or | | | | |
| | Debtor 1 and Debtor 2 only | divorce that you did not report as priority claims | | | | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Check if this claim relates to a community debt | Other. Specify notice only | | | | |
| | Is the claim subject to offset? | <u>V</u> | | | | |
| | ✓ No | | | | | |
| | Yes | | | | | |
| 1 26 | Nicor Gas | | 92 000 00 | | | |
| 4.26 | Nonpriority Creditor's Name | — Last 4 digits of account number | \$2,000.00 | | | |
| | PO Box 0632 Number Street | When was the debt incurred?n/a | | | | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | | | | |
| | - | — Contingent | | | | |
| | Aurora Illinois 60507 | Unliquidated | | | | |
| | Aurora Illinois 60507 City State Zip Code | Disputed | | | | |
| | Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 1 only | Student loans | | | | |
| | Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Debtor 1 and Debtor 2 only | | | | | |
| | At least one of the debtors and another | | | | | |
| | 봄 | | | | | |
| | Check if this claim relates to a community debt | Other. Specify Unpaid Gas Bill | | | | |
| | Is the claim subject to offset? | | | | | |
| | | | | | | |
| | Yes | | | | | |
| 4.27 | PEOPLES ENERGY | Last 4 digits of account number5549 | \$181.00 | | | |
| | Nonpriority Creditor's Name 200 EAST RANDOLPH | When was the debt incurred? 09/2009 | | | | |
| | Number Street | As of the date you file the slaim in Check all that anniv | | | | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | | | | |
| | CHICAGO Illinois 60601 | | | | | |
| | City State Zip Code | Unliquidated | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | | | | |
| | | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 2 only | Student loans | | | | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or | | | | |
| | At least one of the debtors and another | divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Check if this claim relates to a community debt | | | | | |
| | Is the claim subject to offset? | Other. SpecifyInstallmentLoan | | | | |
| | ✓ No | _ | | | | |
| | □ Yes | | | | | |

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| Debtor | 1 Daryn L. Johns First Name Middle Name Last Name | | | | | |
|--------|---|---|-------------|--|--|--|
| art 2: | | | | | | |
| u | After listing any entries on this page, number them beginning | • | Total claim | | | |
| 4.28 | Quantum3 Group LLC as agent for | | \$55.00 | | | |
| 1.20 | Nonpriority Creditor's Name | — Last 4 digits of account number | Ψ00.00 | | | |
| | Quantum3 Group LLC as agent for Comenity Bank Number Street | When was the debt incurred?n/a | | | | |
| | c/o Steven G. Kane | As of the date you file, the claim is: Check all that apply. | | | | |
| | GO GLEVER G. Marie | Contingent | | | | |
| | Kirkland Washington 98083 | Unliquidated | | | | |
| | City State Zip Code | Disputed | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 2 only | Student loans | | | | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or | | | | |
| | <u>'</u> | divorce that you did not report as priority claims | | | | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Check if this claim relates to a community debt | Other. Specify past due | | | | |
| | Is the claim subject to offset? | _ | | | | |
| | ✓ No | | | | | |
| | Yes | | | | | |
| .29 | Vion Holdings LLC | Last 4 digits of account number | \$0.00 | | | |
| | Nonpriority Creditor's Name Po Box 39 | When was the debt incurred? n/a | | | | |
| | Number Street | | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | | |
| | | Contingent | | | | |
| | Atlanta Georgia 30301 | Unliquidated | | | | |
| | City State Zip Code Who incurred the debt? Check one. | Disputed | | | | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 2 only | Student loans | | | | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | | | | |
| | 片 | debts | | | | |
| | Check if this claim relates to a community debt | Other. Specify Notice Only | | | | |
| | Is the claim subject to offset? | | | | | |
| | ✓ No | | | | | |
| | Yes | | | | | |
| .30 | WELLS FARGO BANK Nonpriority Creditor's Name | — Last 4 digits of account number | \$284.00 | | | |
| | PO BOX 14517 | When was the debt incurred?n/a | | | | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | | | | |
| | | Contingent | | | | |
| | DEC MOINES Issue 50000 | Unliquidated | | | | |
| | DES MOINES lowa 50306 City State Zip Code | Disputed | | | | |
| | Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify | | | | |
| | Debtor 1 only | | | | | |
| | Debtor 2 only | | | | | |
| | Debtor 1 and Debtor 2 only | | | | | |
| | At least one of the debtors and another | | | | | |
| | Check if this claim relates to a community debt | | | | | |
| | Is the claim subject to offset? | past due | | | | |
| | No | | | | | |
| | Yes | | | | | |
| | | | | | | |

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| | Daryn | | L. | Johnson | Case i | number (if known) | |
|-----------------------------|----------------------------|--|--|--|---|---|--|
| Fi | irst Name | | Middle Name | Last Name | | | |
| t 3: Li | ist Others t | to Be Notified A | About a Debt Tha | t You Already List | ed | | |
| collec | ction agency | is trying to colle here. Similarly, i | ct from you for a do f you have more th | ebt you owe to some an one creditor for a | one else, list the one of the debts the | ou already listed in Parts 1 or 2. For example, if a priginal creditor in Parts 1 or 2, then list the at you listed in Parts 1 or 2, list the additional or 2, do not fill out or submit this page. | |
| HARRIS & HARRIS LTD Name | | | On which ent | ry in Part 1 or Par | t 2 did you list the original creditor? | | |
| 111 V | 11 W JACKSON BLVD S-400 | | | Line 4.6 | of (Check | Part 1: Creditors with Priority Unsecured Claim | |
| Numb | Number Street | | | | one): | Part 2: Creditors with Nonpriority Unsecured Claims | |
| CHICA City | AGO | Illinois State | 60604 Zip Code | Last 4 digits | of account numbe | r | |
| Secret Name | Secretary of State Name | | | On which ent | ry in Part 1 or Par | t 2 did you list the original creditor? | |
| | 2701 South Dirken Parkway | | | Line 4.6 | of (Check | Part 1: Creditors with Priority Unsecured Claims | |
| Numb | ber Street | | | | one): | Part 2: Creditors with Nonpriority Unsecured Claims | |
| Spring | gfield | Illinois | 62723 | Last 4 digits | of account numbe | r | |
| City | | State | Zip Code | Lust 4 digits | o. account numbe | · | |

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Debtor 1 Daryn Johnson Case number (if known) Middle Name First Name Last Name Part 4: Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$7,292.85 Total claims 6a. Domestic support obligations. from Part 1 \$4,094.00 6b. Taxes and certain other debts you owe the government \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$11,386.85 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$0.00 **Total claims** 6f. Student loans from Part 2 \$0.00 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims \$0.00 6h. Debts to pension or profit-sharing plans, and other similar

6i. Other. Add all other nonpriority unsecured claims. Write

that amount here.

6j. Total. Add lines 6f through 6i.

\$48,620.67

\$48,620.67

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| Debtor 1 | Daryn | L. | Johnson |
|---------------------|---------------------------|-------------|----------------------|
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States | Bankruptcy Court for the: | Northern | District of Illinois |
| | | - | (State) |

Official Form 106G

Check if this is an amended filing

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or comp | pany with whom you have | e the contract or lease | State what the contract or lease is for |
|--------------------------|-------------------------|-------------------------|---|
| 2.1 T.R. Rummage Name | | | Residential Lease, Debtor is Lessee, yearly lease |
| Number | Street | Zip Code | |

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| | | Do | Cument | age 30 | 01 00 |
|---------------------------------|--------------------------------|---|---------------------------|-----------------|---|
| Fill in this info | rmation to identify your o | case: | | | |
| Debtor 1 | Daryn First Name | L. Middle Name | Johnson Last Nam | Δ | _ |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Nam | | _ |
| | | | | | |
| United States | Bankruptcy Court for the: | Northern | District of Illino (State | | - |
| Case number | - | | | | _ |
| , , | Form 106H | | | | Check if this is an amended filing |
| | le H: Your Co | debtors | | | 12/15 |
| • | | ou are filing a joint case, do | not list either spou | use as a codel | btor.) |
| Idaho, Lo | uisiana, Nevada, New Me | lived in a community pro xico, Puerto Rico, Texas, W | | | munity property states and territories include Arizona, California, |
| | Go to line 3. | | | at the ation of | |
| | . Dia your spouse, iorni No | er spouse, or legal equiva | ient live with you | at the time? | |
| | - | ty state or territory did you | ı live? | Fil | Il in the name and current address of that person. |
| | Name of your spouse, | former spouse, or legal equ | valent | | |
| | Number Street | | | | |
| | City | State | | Zip Code | |
| 3. In Colum | n 1, list all of your code | btors. Do not include you | spouse as a cod | lebtor if your | spouse is filing with you. List the person shown in line 2 |

again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D),

Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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| | | 200 | Jamone | . ago oo | 0.00 | | |
|--|--------------------------------------|---|----------------------------|------------------|--------------|---|----------------------|
| Fill in this inform | ation to identify | your case: | | | | | |
| Debtor 1 Da | ryn | L. | Johnso | n | | | |
| Fire | st Name | Middle Name | Last Na | ame | Che | ck if this is: | |
| Debtor 2 (Spouse, if filing) First | et Name | Middle Name | Last Na | me | - / | An amended filing | |
| | | | | | | A supplement showing post-petition | chapter ⁻ |
| United States Ban the: Case number | kruptcy Court for | Northern | _ District of Illir (St | ate) | | expenses as of the following date: | |
| (If known) | | | | | <u> </u> | MM / DD / YYYY | |
| Official Fo | rm 106l | | | | | | |
| Schedule | l: Your In | come | | | | | 12/1 |
| information abou spouse. If more s number (if know | it your spouse. I space is needed | f you are separated and , attach a separate she y question. | d your spous | e is not filing | with you, do | r spouse is living with you, inclu not include information about y onal pages, write your name ar | our/ |
| 1. Fill in your em | ployment | | Debtor 1 | | | Debtor 2 | |
| information. | | Employment status | ✓ Employ | ved. | | Employed | |
| If you have mo attach a separa | re than one job, te page with | | Not Em | | | Not Employed | |
| information abo | | Occupation | Road Drive | | | | |
| • | e, seasonal, or | Employer's name | UPS | | | | |
| self-employed | | Employer's address | 55 Glenlake | e Parkway, NE | | | |
| or homemaker, | y include student if it applies. | | Number Stre | eet | | Number Street | |
| | | | | Georgia | 30328 | _ | |
| | | | City | State | Zip Code | City State Zip C | Code |
| | | How long employed there? | 3 months | | | | |
| Part 2: Give D | etails About N | onthly Income | | | | | |
| spouse unless yo If you or your nor | u are separated. | e more than one employer, | - | nformation for a | - | or that person on the lines below. If your person on the lines below. If you would be the second of | _ |
| | | ary, and commissions (before calculate what the monthly | | 2. | \$4,175.56 | non-filing spouse | |
| | | | | | | | |
| 3. Estimate an | d list monthly over | time pay. | | 3. | + \$0.00 | | |

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| Debtor | 1 Daryn L. | Johnson | Case numbe | er <i>(if</i> | |
|-------------------|---|-----------------------|-----------------------------|-----------------------------------|-------------------------|
| | First Name Middle Name | Last Name | known) For Debtor 1 | For Debtor 2 or non-filing spouse | |
| Сору | y line 4 here | → 4. | \$4,175.56 | | |
| 5. List : | all payroll deductions: | | | | |
| 5a. - | Tax, Medicare, and Social Security deductions | 5a. | \$948.13 | | |
| 5b. | Mandatory contributions for retirement plans | 5b. | \$0.00 | | |
| 5c. \ | Voluntary contributions for retirement plans | 5c. | \$0.00 | | |
| 5d. | Required repayments of retirement fund loans | 5d. | \$0.00 | | |
| 5e. I | Insurance | 5e. | \$0.00 | | |
| 5f. C | Domestic support obligations | 5f. | \$0.00 | | |
| 5g. l | Union dues | 5g. | \$0.00 | | |
| 5h. | Other deductions. Specify: | 5h. + | \$0.00 + | · | |
| | the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e - | | \$948.13 | | |
| 7. Calc | ulate total monthly take-home pay. Subtract line 6 from li | ine 4. 7. | \$3,227.42 | | |
| 8. List | all other income regularly received: | | | | |
| ı | Net income from rental property and from operating a business, profession, or farm | | | | |
| Ç | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, a the total monthly net income. | nd 8a. | \$0.00 | | |
| 8b. | Interest and dividends | 8b. | \$0.00 | | |
| | Family support payments that you, a non-filing spouse, of dependent regularly receive | or a | | | |
| | Include alimony, spousal support, child support, maintenand divorce settlement, and property settlement. | ce, 8c. | \$0.00 | | |
| 8d. | Unemployment compensation | 8d. | \$0.00 | | |
| 8e. \$ | Social Security | 8e. | \$0.00 | | |
| li c u h | Other government assistance that you regularly receive nolude cash assistance and the value (if known) of any non- eash assistance that you receive, such as food stamps (benefinder the Supplemental Nutrition Assistance Program) or nousing subsidies Specify: | | \$0.00 | | |
| 8g. l | Pension or retirement income | 8g. | \$0.00 | | |
| 8h. | Other monthly income. Specify: | 8h. + | \$0.00 + | | |
| | all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g | g + 8h. 9. | \$0.00 | | |
| | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing | 10. spouse | \$3,227.42 | = | \$3,227.42 |
| Inclu frien | te all other regular contributions to the expenses that yude contributions from an unmarried partner, members of yods or relatives. not include any amounts already included in lines 2-10 or any | ur household, your | dependents, your roomi | , | |
| Spec | cify: | | | 11 | + \$0.00 |
| | d the amount in the last column of line 10 to the amoun | | | | \$3,227.42 |
| VVIILE | e that amount on the <i>Summary of Schedules and Statistica</i> (| summary of Certain | Liabilities artu nelateu Da | ата, ії ії арріїез | Combined monthly income |
| 13. Do | you expect an increase or decrease within the year after No. Yes. Explain: | er you file this form | ? | | |
| | | | | | |

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| | | Docu | ument Page 41 of 80 |) | |
|----------------------------|--|--|---|-------------------------------------|---------------------------------|
| Fill in this infor | mation to identify | your case: | | | |
| Debtor 1 | Daryn First Name | L. Middle Name | Johnson Last Name | Chapte if this is: | |
| Debtor 2 | | | | Check if this is: An amended filir | na |
| (Spouse, if filing) | First Name | Middle Name | Last Name | 브 | nowing post-petition chapter 13 |
| United States B | Sankruptcy Court fo | or the: Northern [| District of Illinois (State) | | the following date: |
| Case number (If known) | | | | MM / DD / YYYY | <u></u> |
| | _ | | | MINI / DD / TTTT | |
| Official | Form 106 | <u>5J</u> | | | |
| Schedule | e J: Your I | Expenses | | | 12/15 |
| information. If i | | | | | |
| 1. Is this a join | nt case? | | | | |
| ✓ No. Go | to line 2 | | | | |
| Yes. Do | oes Debtor 2 live | in a separate household? | | | |
| | No | | | | |
| | Yes. Debtor 2 n | nust file Official Forms 106J-2, Exper | nses for Separate Household of Deb | tor 2. | |
| 2. Do you have | e dependents? | No | | | |
| Do not list D Debtor 2. | ebtor 1 and | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| | | | Child | 21 years | No. |
| | | | | | Yes. |
| | enses include f people other | No | | | |
| than yourself and | d vour | Yes | | | |
| dependents | - | | | | |
| Part 2: Estir | nate Your Ong | oing Monthly Expenses | | | |
| _ | of a date after the | our bankruptcy filing date unless y bankruptcy is filed. If this is a sup | | • | • |
| | • | non-cash government assistance uded it on Schedule I: Your Income | • | | Your expenses |
| | or home owners or the ground or lot | hip expenses for your residence. In . 4. | nclude first mortgage payments and | | \$800.00 |
| If not incl | uded in line 4: | | | | |

4a

4b.

4c.

4d.

\$0.00

\$65.00

\$0.00

\$0.00

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Daryn L. Johnson Case number (if known)
First Name Middle Name Last Name

| First Name | Middle Name Last N | ame | | |
|---|--|-----------------------------------|------------|---------------|
| | | | | Your expenses |
| 5. Additional mortgage paymer | nts for your residence, such as home ec | uity loans | 5. | \$0.00 |
| 6. Utilities: | | | | |
| 6a. Electricity, heat, natural gas | S | | 6a. | \$250.00 |
| 6b. Water, sewer, garbage coll | ection | | 6b. | \$0.00 |
| 6c. Telephone, cell phone, Int | ernet, satellite, and cable services | | 6c. | \$150.00 |
| 6d. Other. Specify: | | | 6d | \$0.00 |
| 7. Food and housekeeping sup | olies | | 7. | \$339.00 |
| 8. Childcare and children's edu | ication costs | | 8. | \$0.00 |
| 9. Clothing, laundry, and dry cl | eaning | | 9. | \$57.00 |
| 10. Personal care products and | l services | | 10. | \$50.00 |
| 11. Medical and dental expens | es | | 11. | \$85.00 |
| 12. Transportation. Include gas. Do not include car payments | maintenance, bus or train fare. | | 12. | \$300.00 |
| 13. Entertainment, clubs, recre | eation, newspapers, magazines, and bo | ooks | 13. | \$0.00 |
| 14. Charitable contributions ar | nd religious donations | | 14. | \$0.00 |
| 15. Insurance. Do not include insurance dedu | ucted from your pay or included in lines 4 | or 20. | | |
| 15a. Life insurance | | | 15a | \$0.00 |
| 15b. Health insurance | | | 15b | \$0.00 |
| 15c. Vehicle insurance | | | 15c | \$166.00 |
| 15d. Other insurance. Specify: | | | 15d | \$0.00 |
| 16. Taxes. Do not include taxes of | deducted from your pay or included in line | es 4 or 20. | | |
| Specify: | | <u> </u> | 16 | \$0.00 |
| 17. Installment or lease payme | nts: | | 10 | |
| 17a. Car payments for Vehicle | | | 17a | \$0.00 |
| 17b. Car payments for Vehicle | 2 | | 17b | \$0.00 |
| 17c. Other. Specify: Car Payr | nent for Mother's Car | | 17c | \$565.00 |
| 17d. Other. Specify: | | | 17d | \$0.00 |
| | maintenance, and support that you did | d not report as deducted from | | \$0.00 |
| | e I, Your Income (Official Form 106I). | | 18. | |
| | o support others who do not live with | you. | | |
| Specify: | | | 19. | \$0.00 |
| 20a. Mortgages on other prop | es not included in lines 4 or 5 of this fo | rm or on schedule I: Your Income. | 20a | \$0.00 |
| 20b. Real estate taxes. | or, y | | 20a 20b | |
| 20c. Property, homeowner's, | or renter's insurance | | | \$0.00 |
| 20d. Maintenance, repair, and | | | 20c | \$0.00 |
| 20e. Homeowner's association | | | 20d | \$0.00 |
| 200. Homeowner 3 association | 1 of condominant dues | | 20e | \$0.00 |

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| Debtor 1 Daryn | L. | Johnson | Case number (if known) | | | | |
|----------------------------|---|-------------|------------------------|------------|--|--|--|
| First Name | Middle Name | Last Name | | | | | |
| 21. Other. Specify: | | | 21 | \$0.00 | | | |
| | | | _ | | | | |
| 22. Calculate your month | • | | | \$2,827.00 | | | |
| · · | 22a. Add lines 4 through 21. | | | | | | |
| | thly expenses for Debtor 2), if any | | | \$2,827.00 | | | |
| 22c. Add line 22a and 22 | 2b. The result is your monthly exp | enses. | 22. | | | | |
| 23. Calculate your monthly | y net income. | | | | | | |
| 23a. Copy line 12 (your | combined monthly income) from | Schedule I. | 23a | \$3,227.42 | | | |
| 23b. Copy your monthly | expenses from line 22 above. | | 23b | \$2,827.00 | | | |
| , | hly expenses from your monthly | ncome. | Γ | \$400.42 | | | |
| The result is your n | nonthly net income. | | 23c | | | | |
| | spect to finish paying for your car ncrease or decrease because of a | | | | | | |

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| Fill in this information to identify your case: | | | | | | | | |
|---|------------|-------------|------------------------------|---|--|--|--|--|
| Debtor 1 | Daryn | L. | Johnson | | | | | |
| | First Name | Middle Name | Last Name | _ | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | _ | | | | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois (State) | _ | | | | |
| Case number | | | (, | _ | | | | |

Official Form 106Dec

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below | | | | | | | |
|---|--|---|--|--|--|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | | | | | |
| | ✓ No | | | | | | | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | and schedules filed with this declaration and | | | | | | |
| 40 | • | | | | | | | |
| × | /s/ Daryn Johnson | X | | | | | | |
| | Signature of Debtor 1 | Signature of Debtor 2 | | | | | | |
| | Date 9/27/2017 | Date | | | | | | |
| | MM/DD/YYYY | MM/DD/YYYY | | | | | | |

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| Fill in this in | nformation to identify your o | case: | | | | | |
|--------------------------------|---|------------------------|--------------------------------|----------------|-------------|-----------------|----------------------------|
| Debtor 1 | Daryn First Name | L. Middle Na | Johnson me Last Nam | е | - | | |
| Debtor 2 (Spouse, if filing | ng) First Name | Middle Na | me Last Nam | е | - | | |
| United State | es Bankruptcy Court for the: | Northern | District of Illino | | _ | | |
| Case numb | per | | (Stat | e) | _ | | |
| | | | | | | | Check if this is ar |
| Officia | al Form 107 | | | | | | amended filing |
| Statem | nent of Financia | al Affairs fo | r Individuals | Filing fo | r Bankru | ptcy | 04/16 |
| informatio | plete and accurate as po n. If more space is need known). Answer every q | ed, attach a separ | | | | | |
| Part 1: G | ive Details About Your | Marital Status a | nd Where You Lived | Before | | | |
| 1. What | t is your current marital st | atus? | | | | | |
| | Married Not married | | | | | | |
| | Not mained | | | | | | |
| 2. Durir | ng the last 3 years, have yo | ou lived anywhere o | other than where you liv | ve now? | | | |
| | No Yes. List all of the places yo | ou lived in the last 3 | Byears. Do not include v | where you live | now. | | |
| | Debtor 1: | | Dates Debtor 1 lived there | Debtor 2: | | | Dates Debtor 2 lived there |
| | | | | Same a | as Debtor 1 | | Same as Debtor 1 |
| | Number Street | | From | Number St | reet | | From |
| | | | То | | | | To |
| | City State | Zip Code | | City | State | Zip Code | |
| _ | | | | Same a | as Debtor 1 | | Same as Debtor 1 |
| | Number Street | | From | Number St | reet | | From |
| | | | То | - | | | To |
| | City State | Zip Code | | City | State | Zip Code | |
| _ | | was live with a second | una au la mal a sustination de | in a an | | o ou tour!t0 ((| Dammunitu nuar est estata- |
| | i the last 8 years, did you e <i>rritories</i> include Arizona, Calif | | | | | | |
| ✓ No | 0 | | | | | | |
| ☐ Ye | es. Make sure you fill out S | chedule H: Your C | odebtors (Official Form | 106H). | | | |

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| Deb | tor 1 | Daryn L. | Johnso | n Case n | umber (if known) | |
|------|------------------------|---|--|--|--|---|
| | | First Name Middle | e Name Last Nar | ne | | |
| Part | 2: | Explain the Sources of Your Inc | come | | | |
| 4. | Fill i | you have any income from employm n the total amount of income you receivities. If you are filing a joint case and you No Yes. Fill in the details. | | rs? | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | om January 1 of current year until e date you filed for bankruptcy: | Wages, commissions, bonuses, tips Operating a business | \$10200.00 | Wages, commissions, bonuses, tips Operating a business | |
| | | or last calendar year: anuary 1 to December 31, 2016) YYYY | Wages, commissions, bonuses, tips Operating a business | \$55000.00 | Wages, commissions, bonuses, tips Operating a business | |
| | | or the calendar year before that: anuary 1 to December 31, 2015) YYYY | Wages, commissions, bonuses, tips ✓ Operating a business | \$19844.00 | Wages, commissions, bonuses, tips Operating a business | |
| 1 | nclu oubl filing | you receive any other income during ide income regardless of whether that in ic benefit payments; pensions; rental in a joint case and you have income that each source and the gross income from No Yes. Fill in the details. | ncome is taxable. Examples of come; interest; dividends; mo you received together, list it | of other income are alimony; oney collected from lawsuits; only once under Debtor 1. | royalties; and gambling and lot | · · |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| | | rom January 1 of current year until ne date you filed for bankruptcy: | | | | |
| | | or last calendar year: lanuary 1 to December 31, 2016) YYYY | | | | |
| | | or the calendar year before that: lanuary 1 to December 31, 2015) YYYY | | | | |
| | | | | | | |

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Johnson Debtor 1 Daryn Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

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| or ' | Daryn | | L. | Jo | hnson | Case number | (if known) |
|------------------|---|--|---|---|---|--|--|
| | First Name | | Middle Name | Las | st Name | | |
| nsi or ige | iders include your I porations of which | elatives; a you are a or a busin | ny general partner n officer, director, ess you operate a | s; relatives of any person in control, | general partners; par or owner of 20% or | tnerships of which y more of their voting | who was an insider? You are a general partner; It is securities; and any managing To domestic support obligations, |
| ✓ | No | | | | | | |
| | Yes. List all payr | ments to a | an insider. | 5 | - | | 5 (") |
| | | | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| | City | State | Zip Code | | | | |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| | | | | | | | |
| | City | State | Zip Code | | | | |
| | der? ude payments on No Yes. List all payr | | ranteed or cosigne | · | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| | Insider's Name | | | | · | | |
| | Number Street | | | | | | |
| | City | State | Zip Code | | | | |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| | | | | | | | |
| | City | State | Zip Code | | | | |

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Johnson Debtor 1 Daryn Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No ◪ Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | | Daryn First Name | | L. Middle Name | Johnson Last Name | Case number (if known) | | |
|------|----------|--|-----------------|-------------------|----------------------------|----------------------------------|--------------------------|--------------------|
| 11. | | thin 90 days before counts or refuse to | | | | eank or financial institution, s | set off any amou | nts from your |
| | ✓ | No Yes. Fill in the de | tails. | | | | | |
| | | | | | Describe the action th | e creditor took | Date action was taken | Amount |
| | | Creditor's Name | | | | | | |
| | | Number Street | | | Last 4 digits of account | numher XXXX- | | |
| | | | | | Last 4 digits of doodunt | number. 70000 | | |
| 12 | Wit | City | State | Zip Code | ny of your property in the | possession of an assignee fo | r the benefit of c | reditors a court- |
| 12. | | oointed receiver, a | | | | possession of an assignee to | the belieff of c | reultors, a court- |
| | | No Yes | | | | | | |
| Part | 5: | List Certain Gift | s and Cont | ributions | | | | |
| 13. | Wi | thin 2 years before | you filed for | bankruptcy, did y | ou give any gifts with a t | otal value of more than \$600 | per person? | |
| | ✓ | No Yes. Fill in the de | etails for each | ı gift. | | | | |
| | | Gifts with a total per person | value of mor | re than \$600 | Describe the gifts | | Dates you gave the gifts | Value |
| | | Person to Whom | You Gave the | Gift | | | | |
| | | Number Street | | | | | | |
| | | City | State | Zip Code | | | | |
| | | Person's relationsh | пр to you | | | | | |
| | | Person to Whom | You Gave the | Gift | | | | |
| | | Number Street | | | | | | |
| | | City Person's relationsh | State | Zip Code | | | | |

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| Deb | | Daryn L. First Name M | iddle Name | Johnson Last Name | Case number (if known) | | |
|------|-----|---|----------------------|--|------------------------------|---|------------------------|
| | | THIST NAME IVI | iddie Name | Last Ivanie | | | |
| 14. | Wit | hin 2 years before you filed for b | ankruptcy, did yo | u give any gifts or contribution | ons with a total value of | more than \$600 | to any charity? |
| | Ħ | Yes. Fill in the details for each g | ift or contribution. | | | | |
| | | Gifts or contributions to chariti that total more than \$600 | es | Describe what you contribu | uted | Date you contributed | Value |
| | | Charity's Name | | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| Part | G. | List Certain Losses | | | | | |
| | | nbling? No Yes. Fill in the details. Describe the property you lost how the loss occurred | and | Describe any insurance co Include the amount that insu pending insurance claims on A/B: Property. | rance has paid. List | Date of your loss | Value of property lost |
| | | | | | | | |
| Part | 7: | List Certain Payments or Tra | ansfers | | | | |
| 16. | abo | hin 1 year before you filed for ba but seeking bankruptcy or prepar ude any attomeys, bankruptcy petit No Yes. Fill in the details. | ing a bankruptcy | petition? edit counseling agencies for se | ervices required in your ban | kruptcy. | |
| | | | | Description and value of an transferred | iy property | Date payment or transfer was made | Amount of payment |
| | | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street | | Attorney's Fee - 300.00 | | 07/2016 | \$300.00 |
| | | 28th Floor | | | | | |
| | | Chicago Illinois City State | 60603 Zip Code | | | | |
| | | Email or website address | | | | | |
| | | Person Who Made the Payment, i | f Not You | | | | |
| | | Person Who Was Paid | | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| | | Email or website address | | | | | |
| | | Person Who Made the Payment, i | f Not You | | | | |

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| Debtor | 1 Daryn | L. | Johnson | Case number (if known) | · | |
|----------|---|------------------------|--|------------------------|------------------------------------|------------------------------|
| | First Name | Middle Name | Last Name | | | |
| he | elp you deal with your cree o not include any payment o | ditors or to make payn | | ehalf pay or transfer | any property to a | anyone who promised to |
| | Tes. Fill III the details. | | | | | |
| | | | Description and value of any pr transferred | roperty | Date payment or transfer was made | Amount of payment |
| | Person Who Was Paid | | - | | | |
| | Number Street | | - | | | |
| | City State | zip Code | - | | | |
| | Oity State | zip Code | | | | |
| | No Yes. Fill in the details. | | Description and value of proper transferred | | y property or ceived or debts p | Date transfer was made |
| | Person Who Received Tr | ransfer | - | in exeminge | | |
| | Number Street | | - | | | |
| | City State Person's relationship to y | • | - | | | |
| | Person Who Received Tr | ransfer | - | | | |
| | Number Street | | | | | |
| | City State Person's relationship to y | | - | | | |
| be | ithin 10 years before you reneficiary? hese are often called asset-p | | d you transfer any property to a self | f-settled trust or sim | ilar device of wh | ch you are a |
| <u> </u> | No Yes. Fill in the details. | | | | | |
| _ | 1 - 350 - 11 - 11 - 10 - 10 - 10 - 10 | | Description and value of the p | property transferred | | Date transfer was made |
| | Name of trust | | | | | |

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Johnson

Debtor 1 Daryn Case number (if known) First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code City State Zip Code

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Johnson Debtor 1 Daryn _ Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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| Debt | | Daryn First Name | L. Middle Name | Johnson Last Name | Case number | (if known) | |
|------|----------|----------------------|-------------------------------|---------------------------------|--------------------------------|---|--------------------|
| | | | | | | | |
| 26. | Hav | e you been a party | in any judicial or admini | strative proceeding under | any environmental law? | Include settlements and orde | rs. |
| | ✓ | No | | | | | |
| | | Yes. Fill in the det | ails. | | | | |
| | | | | Court or agency | Natur | e of the case | Status of the case |
| | | Case title | | | | | |
| | | | _ | Court Name | | | Pending |
| | | | | | | | On appeal |
| | | Case number | | NumberStreet | | | Concluded |
| | | | | City State | Zip Code | | |
| Part | 11: | Give Details Ab | oout Your Business or | Connections to Any Bu | ısiness | | |
| | | | | , | | | |
| 27. | Witl | hin 4 years before | you filed for bankruptcy, | did you own a business or | have any of the following | connections to any business? | ? |
| | | A sole propri | etor or self-employed in a | trade, profession, or othe | r activity, either full-time o | r part-time | |
| | | A member of | a limited liability company | y (LLC) or limited liability pa | artnership (LLP) | | |
| | | A partner in a | a partnership | | | | |
| | | An officer, dir | ector, or managing execu | utive of a corporation | | | |
| | | An owner of a | at least 5% of the voting o | or equity securities of a cor | poration | | |
| | ~ | No. None of the a | bove applies. Go to Part | 12. | | | |
| | | Yes. Check all tha | at apply above and fill in th | he details below for each b | ousiness. | | |
| | | | | Describe the nat | ure of the business | Employer Identification nu | |
| | | | | | | include Social Security nu | imber or ITIN. |
| | | Business Name | | | | EIN: | |
| | | Normale au Churant | | | | Dates business existed | |
| | | Number Street | | Name of account | ant or bookkeeper | Dates busilless existed | |
| | | City | State Zip Code | | | From To | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | | |
| | | | | Describe the nati | ure of the business | Employer Identification nu | ımber Do not |
| | | | | | | include Social Security nu | ımber or ITIN. |
| | | Business Name | | | | EIN: | |
| | | | | | | | |
| | | Number Street | | Name of account | ant or bookkeeper | Dates business existed | |
| | | City | State Zip Code | | ant or bookkooper | From To | |
| | | • | • | | | | |
| | | | | | | | |
| | | | | Describe the rest | | Formlesses Identification as | b Dt |
| | | | | Describe the nati | ure of the business | Employer Identification nu include Social Security nu | |
| | | - N | | | | EIN: | |
| | | Business Name | | | | | |
| | | Number Street | | | | Dates business existed | |
| | | - | | Name of account | ant or bookkeeper | | |
| | | City | State Zip Code | | | From To | |
| | | | | | | | |
| | | | | | | | |

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| Deb | tor 1 Daryn | | L. | Johnson | Case number (if known) |
|------|------------------------------------|---|---|-------------------------------|--|
| | First Name | | Middle Name | Last Name | |
| 28. | Within 2 years b creditors, or oth | | bankruptcy, did y | ou give a financial statem | ent to anyone about your business? Include all financial institutions, |
| | Yes. Fill in th | ne details below. | | | |
| | _ | | | Date issued | |
| | Nome | | | MM/DD/YYYY | - |
| | Name | | | 191191/00/1111 | |
| | Number S | treet | | | |
| | 0:: | 0 | 7: 0 ! | <u> </u> | |
| | City | State | Zip Code | | |
| Part | t 12: Sign Belov | w | | | |
| 1 | true and correct. | l understand that e can result in fine | making a false sta es up to \$250,000, | atement, concealing prope | nents, and I declare under penalty of perjury that the answers are erty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | <u> </u> | /s/ Daryn Johnso | | | Signature of Debtor 2 |
| | | g | | | Date |
| | [| Date 9/27/2017 | | | |
| ı | Did you attach ad | ditional pages to | Your Statement of | f Financial Affairs for Indiv | iduals Filing for Bankruptcy (Official Form 107)? |
| | √ No | | | | |
| i | Yes | | | | |
| ı | Did you pay or agı | ree to pay someon | e who is not an a | ttorney to help you fill out | bankruptcy forms? |
| | ✓ No | | | | |
| | Yes. Name of | person | | | Attach the Bankruptcy Petition Preparer's Notice, |

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

| | | Northern Dist | trict of Illinois | |
|------|--|-------------------------------------|--|--------------------------------|
| n re | Daryn L. Johnson | | Case No. | |
| | Debtor | | | (If known) |
| | | | Chapter | Chapter 13 |
| | DISCLOSURE OF | COMPENSATION | ON OF ATTORNEY | FOR DEBTOR |
| 1. | . Pursuant to 11 U.S.C. § 329(a) and F compensation paid to me within one rendered or to be rendered on behalf | year before the filing of th | ne petition in bankruptcy, or agreed | to be paid to me, for services |
| | For legal services, I have agreed to a | cept | | \$4,000.00 |
| | Prior to the filing of this statement I | nave received | | \$300.00 |
| | Balance Due | | | \$3,700.00 |
| 2. | . The source of the compensation paid | d to me was: | | |
| | J Debtor | Other (specif | fy) | |
| 3. | . The source of the compensation paid | d to me is: | | |
| | ✓ Debtor | Other (specif | fy) | |
| 4. | I have not agreed to share the abmembers and associates of my I | ove-disclosed compensat aw firm. | tion with any other person unless th | hey are |
| | | v firm. A copy of the agree | with a other person or persons who ment, together with a list of the na | |
| 5. | In return for the above-disclosed fee a. Analysis of the debtor's finar bankruptcy; | - | gal service for all aspects of the bang advice to the debtor in determin | |
| | b. Preparation and filing of any | petition, schedules, staten | nents of affairs and plan which may | y be required; |
| | c. Representation of the debtor | at the meeting of creditors | s and confirmation hearing, and an | y adjourned hearings thereof; |
| | d. Representation of the debtor | in adversary proceedings | and other contested bankruptcy m | atters; |
| 6. | . By agreement with the debtor(s), the | above-disclosed fee does | not include the following services: | |
| | | | | |
| | | CERTIF | ICATION | |
| | certify that the foregoing is a completor(s) in this bankruptcy proceedings. | e statement of any agreen | nent or arrangement for payment to | ome for representation of the |
| _ | 9/27/2017 | | /s/ Alexander Preber | |
| | Date | | Signature of Attorney | |
| | | | Semrad Law Firm | |
| | | | Name of law firm | |

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

 Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

 However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor.* If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$300.00 toward the flat fee, leaving a balance due of \$3,700.00; and \$61.76 for expenses, leaving a balance due of \$4,071.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: | 9/27/2017 | |
|----------|-----------|------------------------|
| Signed: | | |
| /s/ Dary | n Johnson | |
| | | /s/ Alexander Preber |
| Debtor(s | 5) | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$275 | total fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$200 | filing fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:
http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Johnson, Daryn L. | Case No | |
|-----------------|--|---|--------------------------------------|
| | Debtor(s) | Chapter | Chapter13 |
| | VERIFIC | CATION OF CREDITOR MAT | TRIX |
| Ti knowledge | he above named Debtors hereby verify e. | that the attached list of creditors is tr | rue and correct to the best of their |
| Date: | 9/27/2017 | /s/ Johnson, Da Johnson, Daryn Signature of Del | L. |

MERCHANTS CREDIT GUIDE 223 W JACKSON BLVD STE 7 CHICAGO, IL, 60606

CREDIT CONTROL 5757 PHANTOM DR. SUITE 330 HAZELWOOD, MT, 63042

PEOPLES ENERGY 200 EAST RANDOLPH CHICAGO, IL, 60601

COLLECTION PROFESSIONA 509 N LAFAYETTE ST STE 1 MACOMB, IL, 61455

City of Chicago Parking 121 N. LaSalle St # 107A Chicago, IL, 60602

HARRIS & HARRIS LTD 222 Merchandise Mart Plaza, Suite 1900 Chicago, IL, 60654

Secretary of State 2701 South Dirken Parkway Springfield, IL, 62723

IL Dept of Health & Family Serv PO Box 19405 Springfield, IL, 62794

Arnold Scott Harris PC 111 W Jackson # 600 Chicago, IL, 60604

Vion Holdings LLC Po Box 39 Atlanta, GA, 30301

CORPORATE AMERICA FCU 2075 Big Timber Rd c/o Tiffany Rollo Elgin, IL, 60123 Dependon Collection PO Box 4983 Hinsdale, IL, 60522

DIVERSIFIED CONSULTA PO Box 551268 Jacksonville, FL, 32255

Freedman Anselmo & Rappe, L.L.C. 1771 W Diehl Rd Ste 150 Naperville, IL, 60563

HELVEY & ASSOCIATES 1015 E CENTER STREET WARSAW, IN, 46580

MCSI INC PO BOX 327 PALOS HEIGHTS, IL, 60463

MED BUSI BUR 1460 RENAISSANCE DRIVE SUITE 400 PARK RIDGE, IL, 60068

MILLENIUM CREDIT CON 149 Thompson Ave E Saint Paul, MN, 55118

AT&T 2001 York Rd Oak Brook, IL, 60523

Quantum3 Group LLC as agent for PO 788 c/o Joshua Waugh Kirkland, WA, 98083

WELLS FARGO BANK Po Box 24605 West Palm Bch, FL, 33416

Illinois Department of Revenue- Bankruptcy Section PO Box 64338 Chicago, IL, 60664 Car Financial Services 59 Skyline Dr. Ste 1700 Lake Mary, FL, 32746

Illinois Tollway PO Box 5544 Chicago, IL, 60680

ILLINOIS DCFS 509 S 6TH ST SPRINGFIELD, IL, 62701

Bank of America 1701 River Oaks Dr # D Calumet City, IL, 60409

Metro South Medical Center 62592 Collection Center Chicago, IL, 60693

Amita Health: Adventist Medical Center 5101 Willow Springs Rd La Grange, IL, 60525

Credit Control Bankruptcy Department Po Box 4521 Chesterfield, MO, 63006

IRS 1 PO Box 7346 Philadelphia, PA, 19101

Nicor Gas Po Box 549 Aurora, IL, 60507

Comcast p.o. box 196 Newark, NJ, 07101

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

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- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
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6. Advise the debtor of the need to maintain appropriate insurance.

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- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$300.00 toward the flat fee, leaving a balance due of \$3,700.00; and \$61.76 for expenses, leaving a balance due of \$4,071.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: | 9/18/2017 | |
|----------|-----------|------------------------|
| Signed: | | |
| /s/ Dary | n Johnson | |
| gan | m Johnson | /s/ Alexander Preber |
| Debtor(| y O | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

Local Bankruptcy Form 23c

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| Deb | tor 1 Daryn First Name | L. Middle Name | Johnson | Case number (if known) | |
|-------|--|---|---|--|---|
| 16 | The state of the s | V-70. | Last Name | NO AND THE CONTROL OF | - APPLICATION OF APPLICATION OF THE APPLICATION OF |
| 10. | | mily income that applies to y | | : | |
| | 16a. Fill in the state in whi | _ | Illinois | | |
| | 16b. Fill in the number of | people in your household. | 2 | | |
| | household | ily income for your state and si | To find | a list of applicable median income amounts, go online | \$66,487.00 |
| 17 | using the link specific | ed in the separate instructions for | or this form. This list ma | ay also be available at the bankruptcy clerk's office. | |
| 17. | | | | | |
| | under 11 U.S.C. | nan or equal to line 16c. On th § 1325(b)(3). Go to Part 3. Do | e top of page 1 of this to NOT fill out <i>Calculatio</i> | form, check box 1, <i>Disposable income is not determined in of Disposable Income</i> (Official Form 122C-2). | |
| | U.S.U. 9 1323(D) | than line 16c. On the top of part $9(3)$. Go to Part 3 and fill out courrent monthly income from line | Calculation of Disposa | k box 2, <i>Disposable income is determined under 11</i> able Income (Official Form 122C-2). On line 39 of that | |
| | | mmitment Period Under | | (4) | |
| 18. | | monthly income from line 11. | Annual to the second control of the | | \$1,701.06 |
| 19. | communent period ander | 11 U.S.C. 9 1325(D)(4) anows | you to deduct part of yo | not filing with you, and you contend that calculating the our spouse's income, copy the amount from line 13. | |
| | 19a. If the marital adjustme | ent does not apply, fill in 0 on li | ne 19a. | | - <u>\$0.00</u> |
| | 19b. Subtract line 19a fro | om line 18. | | | \$1,701.06 |
| 20. | Calculate your current m | onthly income for the year. F | ollow these steps: | | |
| | 20a. Copy line 19b. | | | | \$1,701.06 |
| | Multiply by 12 (the nu | mber of months in a year). | | A Commission of the Commission | x 12 |
| | 20b. The result is your curre | ent monthly income for the yea | r for this part of the form | n. | \$20,412.72 |
| | 20c. Copy the median fami | ly income for your state and siz | e of household from lin | ne 16c. | \$66,487.00 |
| 21. | How do the lines compare | ? | | | |
| | Line 20b is less than line commitment period is 3 | e 20c. Unless otherwise ordere 3 years. Go to Part 4. | ed by the court, on the t | top of page 1 of this form, check box 3, The | |
| | Line 20b is more than of 4, <i>The commitment pe</i> | or equal to line 20c. Unless oth riod is 5 years. Go to Part 4. | erwise ordered by the co | ourt, on the top of page 1 of this form, check box | |
| art 4 | : Sign Below | | | | |
| | By signing here, I declar | re under penalty of perjury that | the information on this | statement and in any attachments is true and correct. | |
| | | 1 11 | | | |
| | /s/ Daryn Johnso | | x | | |
| | Signature of Debtor | 1 0 1/1 | Si | gnature of Debtor 2 | |
| | Date 9/18/2017 | | Da | ate | |
| | MM/DD/YYY | Ý | | MM/DD/YYYY | |
| | If you checked 17a, do If you checked 17b, fill cabove. | NOT fill out or file Form 122C-2 out Form 122C-2 and file it with | 2. n this form. On line 39 o | of that form, copy your current monthly income from line | 14 |

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Johnson, Daryn L. | Over M | | |
|--------|---|---|----------|--|
| | Debtor(s) | Case No. | | |
| | | Chapter. Chapter13 | | |
| | VERIFICATION | OF CREDITOR MATRIX | | |
| knowle | The above named Debtors hereby verify that the and gedge. | ttached list of creditors is true and correct to the best of | of their | |
| Date: | 9/18/2017 | /s/ Johnson, Daryn L. Johnson, Daryn L. Signature of Debtor | | |

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| Debtor 1 | | L. | Johnson | Case number (if known) |
|----------------|-------------------------------------|-------------------------|-----------------------------|---|
| | First Name | Middle Name | Last Name | |
| 28. Wit cre | thin 2 years before you filed | d for bankruptey, did y | you give a financial staten | nent to anyone about your business? Include all financial institution |
| 짇 | No Yes. Fill in the details belo | w. | | |
| - Account | | | Date issued | |
| | Name | | MM/DD/YYYY | |
| | Number Street | | | |
| | City State | Zip Code | | |
| Part 12: | Sign Below | | | |
| a ban | kruptcy case can result in | fines up to \$250,000, | or imprisonment for up to | erty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | Signature of Del | otor 1 | | Signature of Debtor 2 |
| | Date 9/18/2017 | 7 | | Date |
| Did yo | ou attach additional pages | to Your Statement of | Financial Affairs for Indiv | iduals Filing for Bankruptcy (Official Form 107)? |
| N A | lo es | | | |
| Did yo | ou pay or agree to pay som | eone who is not an at | torney to help you fill out | bankruptcy forms? |
| N N | o | | | |
| | es. Name of person | | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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| | | Doc | ument Page 7 | 79 of 80 | |
|---------------------------------|---|-----------------------------|--|--|--|
| Fill in this info | rmation to identify your c | case: | | | |
| Debtor 1 | Daryn | L. | Johnson | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | | | | |
| | - | Middle Name | Last Name | | |
| United States E | Bankruptcy Court for the: | Northem | District of Illinois | | |
| Case number | | | (State) | | |
| (If known) | | | | | |
| Official | Form 106De | e <u>c</u> | | | Check if this is an amended filing |
| Declarat | ion About an | Individual Debt | or's Schedule: | S | 12/15 |
| If two married | people are filing togethe | er, both are equally respon | sible for supplying corre | at information | |
| Part 1: Sign | 1341, 1519, and 3571. Below | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an attorne | ey to help you fill out ban | kruptcy forms? | 1 |
| ⊘ No | | | | | Andrew Market |
| L | loma of a sussi | | | | \$ \$ \$ \tau \tau \tau \tau \tau \tau \tau \tau |
| L fes. A | lame of person | | Attach Bankruptcy I Signature (Official F | Petition Preparer's Notice, Declaration, and Form 119). | I Security Supposes |
| | | | | | 1. V company |
| | | | | | 1 TV AND |
| Under pen that they a | alty of perjury, I declare are true and correct. | that I have read the sumr | nary and schedules filed | with this declaration and | and the second s |
| /s/ Daryn | () ~ () () () () | nso- | * | | * This is the state of the stat |
| Signature of | Deptor I / | | Signature | of Debtor 2 | · · · · · · · · · · · · · · · · · · · |

Date

MM/DD/YYYY

Date 9/18/2017

MM/DD/YYYY

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| Debtor 1 Daryn First Name | L. Middle Name | Johnson | Case number (if known |) | | |
|---|---|--|--|---|--|--|
| | uestions for Reporting Purpos | Last Name | | | | |
| 16. What kind of debts do you have? | 16a. Are your debts primar "incurred by an individu No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primari money for a business of No. Go to line 16c. Yes. Go to line 17. | illy consumer debts ual primarily for a per illy business debts? Ir investment or throu | consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as primarily for a personal, family, or household purpose." usiness debts? Business debts are debts that you incurred to obtain restment or through the operation of the business or investment. owe that are not consumer debts or business debts. | | | |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that No. t | ter 7. Do you estimate | | perty is excluded and administrative d creditors? | | |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49☐ 50-99☐ 100-199☐ 200-999 | 1,000-5, 5,001-10 | 0,000 | 25,001-50,000 50,001-100,000 More than 100,000 | | |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$10,000 \$50,000 | 001-\$10 million ,001-\$50 million ,001-\$100 million 0,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | |
| ^{20.} How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$10,000, \$50,000, | 01-\$10 million ,001-\$50 million ,001-\$100 million D,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | |
| Part 7: Sign Below | | Becontrol | | hond | | |
| | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. ** /s/ Daryn Johnson Signature of Debtor 1 Executed on | | | | | |